Revision: HCFA-PM-91-4

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OMB NO.: 0938-

MICHIGAN State:

Citation(s) Agency*

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

<u>∠</u>₩ 10. SSA 42 CFR 435.230 States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

> The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- Based on need and paid in cash on a regular a. basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- Available to all individuals in the State.
- Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
- _X_ All aged individuals. (1)
- X (2) All blind individuals.
- X All disabled individuals. (3)

TN No. 92-02 Approval Date 3-13-92 Supersedes 86-12 TN No.

Effective Date 10/01/91

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State: MICHIGAN						
Agency*	Citation(s)	Groups Covered				
		B. Optional Groups Other Than the Medically New (Continued) X (4) Aged individuals in domiciliary facilities				
42 CFR 435.230		other group living arrangements as defined under SSI. X (5) Blind individuals in domiciliary facilities other group living arrangements as defined under SSI.	s or			
		 X (6) Disabled individuals in domiciliary Facilities or other group living arrangements as defined under SSI. 				
		X (7) Individuals receiving a Federally Administered optional State supplemental that meets the conditions specified in CFR 435.230.				
	.•	 X (8) Individuals receiving a State administer Optional State supplement that meets conditions specified in 42 CFR 435.23 (9) Individuals in additional classifications 	s the 30. S			
		approved by the Secretary as follows:	1			

TN No. <u>98-06</u> Supersedes TN No. <u>97-09</u>

Approval Date

8-20-98

Effective Date 01/01/98

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 16a OMB NO.: 0938-MICHIGAN State: _ Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes. _X No. The standards for optional State supplementary payments are listed in Supplement 6 of $\underline{\text{ATTACHMENT}}$ 2.6-A. OFFICIAL

TN No. 92-02
Supersedes Approval Date 3-/3-92 Effective Date 10/01/91
TN No. N/A HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 17 OMB NO.: 0938-MICHIGAN State: _ THE WILLIAM Agency* Citation(s) **Groups Covered** B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 // 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 435.121 1902(a)(10) of the Act. (A)(ii)(XI)The following groups of individuals who receive a State supplementary payment under an approved of the Act optional State supplementary payment program that meets the following conditions. The supplement is-a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals.

TN No. <u>92-02</u> Supersedes TN No. 87-21	Approval Date	3-13-92	Effective Date	10/01/91
IN NO			UCEN ID. 3093E	

(2)

(3)

HCFA ID: 7983E

All blind individuals.

All disabled individuals.

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OMB NO.: 0938-MICHIGAN State: _____ Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:



TN No. 92-02 Approval Date 3-13-92 Supersedes
TN No. 86-12

Effective Date ___10/01/91

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	State:	MICHIGAN OMB NO.:	0938-
Agency*	Citation(s)	Groups Covered	

B. Optional Groups Other Than the Medically Needy (Continued)

> The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

TN No. 92-02		2 /2-92	
Supersedes TN No. N/A	Approval Date	3-13-12	Effectiv

ve Date ____10/01/91

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	State:		M	ICHIGAN	OMB No.: 0938-
Agency*	Citation(s)			Groups Covered	TO PICIAL
	В		onal (the Medically Needy
1902 (A)(:	FR 435.231 /_/ (a)(10) ii)(V) ne Act	12.	least elig: Elig: the :	viduals who are in 30 consecutive of the consecutive of the consecutive of the consecutive of the income standalement 1 to ATTACH	al income level. the first day of ese individuals ards specified in
		_7	The s		ndividuals as described
		1.1		State covers only os of individuals:	the following group or
(ii)	(a)(10)(A) and 1905(a) he Act			Aged Blind Disabled Individuals unde21201918 Caretaker relati	•
				Pregnant women	

* The income standard is \$1,266.

TN No. 92-15
Supersedes
TN No. 92-02
Approval Date 10-23-92

Effective Date 01/01/92

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 19 OMB No.: 0938-MICHIGAN State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 X/ 12. Individuals who are in institutions for at least 30 consecutive days and who are 1902(a)(10) (V)(ii)(A)eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals of the Act meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. * The State covers all individuals as described above. The State covers only the following group or groups of individuals:

1902(a)(10)(A)

of the Act

(ii) and 1905(a)

* The income standard is \$ 1,452.

Aged

Blind

Disabled

- 21 - 20 - 19 - 18

Caretaker relatives Pregnant women

Individuals under the age of--

TN No. 97-09
Supersedes
TN No. 96-01

Approval Date JUN 0 5 1997

Effective Date 04/01/97

HCFA ID: 7983E

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	State:	MICHIGAN OM	B NO.: 0938-
Agency*	Citation(s)	Groups Covered	

B. Optional Groups Other Than the Medically Needy (Continued)

MDSS

1902(e)(3) of the Act <u>/X/</u>

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

> Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act

14.

- The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1</u> to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A:</u>
- Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No. 92 -02 Approval Date 3-13-92Supersedes 89-18 TN No.

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ATTACHMENT 2.2-A Page 21 OMB NO.: 0938-

State: _	MICHIGAN
Agency* Citation(s)	Groups Covered
1902(a) // (10)(A) (ii)(IX) and 1902(1)(1) (D) of the Act	B. Optional Groups Other Than the Medically Needy (Continued) 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size. Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained // 7 years of age; or // 8 years of age.

TN No. 92-02_ Supersedes	Approval	Date	3-13-92
TN No. N/A			

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